

UT LICENSE #	UT ID #
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Last Name		Date of Birth	
First Name		SSN or ITIN	
Middle		This info will not show on your DL or ID	
Suffix		Gender	

UT Residence Address			
City	State	Zip Code	
SAME Mailing Address			
City	State	Zip Code	

Height	<input type="text"/>	<input type="text"/>	Weight	<input type="text"/>	Hair Color	Eye Color
	FT.	IN.				
Applicant's		Mother's				
Place of Birth	State/Country	Maiden Name	Last	First		

NOTICE: APPLICANT MUST ANSWER ALL QUESTIONS. FAILURE TO TRUTHFULLY COMPLETE QUESTIONS MAY RESULT IN WITHDRAWAL OF DRIVING PRIVILEGE OR IDENTIFICATION CARD.

YES	NO	Are you a U.S. Citizen?
		YES NO Are you a legal permanent resident alien or a U.S. National?
		YES NO If you are a citizen of another country, do you have evidence of lawful presence in the United States?
YES	NO	I would like to register my desire to be an organ, eye, and tissue donor (lifesaving anatomical gift.)
YES	NO	Are you a U.S. Military Veteran?
YES	NO	If yes, do you authorize sharing this information with the Utah Division of Veterans Affairs for the purpose of identifying veterans and disseminating veteran benefit information?
YES	NO	If you have been honorably discharged from the U.S. Military, would you like to have a VETERAN indicator on your driver license or ID card?
YES	NO	Are you required to register as a sex offender with the State of Utah, any other state, or with the U.S. Government?
YES	NO	If you are not registered to vote where you live now, would you like to register to vote today? (U.S. Citizens Only)
YES	NO	Do you now have, or have you ever been issued, a driver license by another state, country or province? If yes, list states/countries/provinces: # Exp. Date # Exp. Date
YES	NO	If you are a CDL driver, have you been licensed in another state within the last 10 years? If yes, please list: # Exp. Date # Exp. Date
YES	NO	In the last 10 years, has your driving privilege been suspended, revoked, canceled, denied or disqualified? If yes, State: # Why
YES	NO	Are you required to carry a medical certificate (DOT Card?) If yes, are you in compliance? Certificate expires:
YES	NO	Do you wish to contribute a \$2.00 donation to the "Friends for Sight" fund?
YES	NO	Do you wish to contribute \$2.00 to educate people about organ, eye and tissue donation?
YES	NO	Do you wish to contribute a \$1.00 donation to the "Mobility Assistance Fund?"
YES	NO	Do you claim to be disabled under the Americans with Disabilities Act?
YES	NO	Do you claim to be indigent and are applying for an ID card for voting purposes?

Print the name of the person signing for minor:

Father	<input type="text"/>	Mother	<input type="text"/>	Guardian	<input type="text"/>
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ID Card	Lapsed	License Fee	\$	Total \$
Original	Lapsed 65	Reinstate Fee	\$	Transaction #
Provisional	Upgrade	Admin Fee	\$	Initials:
\$15 Learner Permit	Upgrade Previous Lic	ID Fee	\$	
Renewal	Downgrade	Charity Fee(s)	\$	Cash Check
Renewal 65	Retest Fee			Credit/Debit Voucher
Duplicate	MVP	Other	\$	

DLD Office Use Only:

\$15 LERN		ORG LERN						
DPC	DL	CDL	ID	IDD				
LTID	LTDL	LTCDL	MVP					
Class:	A	B	C	D				
Endorsement:	H	N	X	Z	P	S	T	M
Visual Acuity:	Passed		Eye Statement					
Restrictions:	A	B	K	L	G	V	6	J:
Motorcycle Restrictions:	0	2	3	5				
Testing:	Written	Road	Refugee/Asylee					
Station:	Emp #:	Initials:						

NAME CHANGE

From:	To:
ID #1:	ID #2:
Legal Presence:	

BC NAME

Full Legal Name:	
DOB: / /	Iss. Date: / /
BC PP DHS #:	Iss. Agency:
Required Docs Scanned Date:	

SSN, ADDRESS, SAVE

SSN: - -	Date:
SSV: Yes / Override	Date:
Address Verified Date:	
SAVE: 2 nd :	3 rd :
Approved Final Date:	Exp.:
Denied Date:	Employee #:

CDL

CDLIS	CSR	CDR	
SI: _____	SI: _____	SI: _____	
UA: _____	CSR: _____		
Match	No Match	Eligible	Not Eligible
Pending	Error	License	

PDPS

SB: _____	License Surrender: Y / N	
CDL: Y / N	10-Year History: Received / Completed	
Issued: _____	Expired: _____	
State: _____	Endorsement: _____	License #: _____

UT LICENSE #	UT ID #	Last Name	DOB
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Examiner Notes and Completed Date Stamp:

Individuals who apply for or hold a license and have, or develop, or suspect that they have developed a physical, mental, or emotional impairment that may affect driving safety are responsible for reporting this to the division or its agent.

DO YOU HAVE, OR HAVE YOU HAD, ANY OF THE FOLLOWING CONDITIONS IN THE LAST FIVE YEARS?

YES	NO	A	Diabetes	Diabetes (high blood sugar, sugar diabetes you control with diet, medication or insulin) or hypoglycemia or other metabolic condition etc., which may interfere with driving safety?
YES	NO	B	Cardiovascular	Heart condition, with or without symptoms (heart attack, heart surgery, irregular rhythm, general heart disease) within the last five years; or hypertension (high blood pressure) unable to be controlled with medication?
YES	NO	C	Pulmonary	Pulmonary (lung) condition (asthma, emphysema, passing out from coughing, etc.) shortness of breath which has required treatment?
			YES NO	Is an inhaler the only medication prescribed for this condition?
			YES NO	Are you required to use supplemental oxygen while driving?
YES	NO	D	Neurologic	Neurological condition (stroke, head injury, cerebral palsy, multiple sclerosis, muscular dystrophy, Parkinson's disease, etc.) which may interfere with driving safety?
YES	NO	E	Epilepsy	Seizures or other episodic conditions which include any recurrent loss of consciousness or control?
			YES NO	Commercial: Anytime during your life.
YES	NO	F	Learning and Memory	Learning and memory difficulties which may interfere with driving safety?
YES	NO	G	Psychiatric	Psychological condition (severe anxiety, severe depression, severe behavioral mood conditions, schizophrenia, etc.) or other conditions for which hospitalization has occurred or been recommended by a physician or other mental health professional?
YES	NO	H	Alcohol and Drugs	Excessive use of alcohol and/or prescription drugs, or use of any illegal drugs; or treatment or recommendation for treatment of alcohol use or chemical dependency?
YES	NO	I	Vision	Do you wear glasses or contact lenses for driving?
			YES NO	Is your visual acuity worse than 20/40 in the better eye, even with corrective lenses?
			YES NO	Do you have degenerative or progressive eye condition?
			YES NO	Have you experienced a decrease in peripheral (side) vision?
YES	NO	J	Musculoskeletal Chronic Debilities	Loss or paralysis of all or part of an extremity; or onset of a general debilitating illness requiring treatment?
			YES NO	New or changed in the past 5 years?
			YES NO	Present longer than 5 years?
YES	NO	K	Alertness or Sleep Disorders	Do you have a condition that produces abnormal sleepiness (sleep apnea, narcolepsy, etc.?)
YES	NO	L	Hearing Impairment	Only if you are a Commercial driver – no hearing requirements have been established for Regular Operator license.
YES	NO		Balance (ENT Problems)	Have you experienced any sudden vertigo or infection of the inner ear (vestibular neuronitis or labyrinthitis?)
YES	NO		Other	Other health problems or use of medications which might interfere with driving ability or safety? Please explain: _____

Answering yes to any of the above questions may result in a request for additional follow-up information.

Please print and take this completed form with you to the office.